App

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070 S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee SD EYE PAL
Complete Mailing Address 1200 S. Eucup AVE STE 104 SIDIX FALLS SD 57105
Name of Person Making Report DAVID WEST MD Daytime Phone Number 605-336-6294
If you are a candidate, what office are you seeking?
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book) Pre Primary Report 2004 For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 5/22/04
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I DAVID R. WEST ND (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.
Date: 5/25/04 Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

Name of Candidate or Committee_	SDEYEROL		•
For the reporting period ending	5/22/04		

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals:			*\$	
Itemized Contributions from I	ndividuals			
Name	Residence Address	Place of Employment (Name of Employer)		-
UTT ECCURINO MD	4780 GARNAGE HILLY De	Seut	\$2	250
	ROPO CHY SD 57702		\$	······································
THIN M BORMES MD	12932 IRANWOOD DR	Self	\$\$ \$\$	500
	BERDEEN , SO 5740)		\$	
AT KING MD	911 W 31A St	Micockon + Associates	\$	50
	YONICTON, SD 57078		\$	
Paul Whight MD	13940 Highway 46	Self	\$	200
	HTRMOSA, SP 57744		- \$	
				
			\$	
· · · · · · · · · · · · · · · · · · ·			-\ \ \s^	
			\$	
			- s	
			\$	
			\$	
			\$	
			\$	
			s	
			\$	
			\$	
			\$	
· · · · · · · · · · · · · · · · · · ·				•
			- s	120

Name of Candidate or Committee_	SDEYEPOL		
For the reporting period ending	5/22/04		

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from			*\$ _	
Itemized Contributions from I	ndíviduals	N		
Name	Residence Address	Place of Employment (Name of Employer)		
SUTT ECCURIO MD		Sec	\$	250
	4780 CARNAGE HILLY DL ROAD CITY SD 57702		\$_	
			s	
JUHN AN BORMES MD	12932 IRONWOOD DA	Self	\$	500
·	BERDEEN , JO 5740)		\$_	·
			_ \$ _	
THE KING MD	911 W 314 St	Micockon + Association	_ \$_	250
	YONICTON, SD 57078		\$	<u> </u>
PAUL Weight MD	13940 Highway 46	Self	- ∤ • • −	200
THE WEIGHT MY		- Sect	─ ;	
	HTT MOSA, SD 57744		— լ ° -	_
		<u></u>	→ š-	<u> </u>
			— յ -	
			- `s -	
			 	
			ւ -	
			- s	
			- s	
			─	
			\$	
			s	
			\$_	<u>. </u>
	·		\$	
			\$	
			\$	_
			\$	
			\$_	
			\$_	_
			\$	
			\$_	_
			\$	1200

Name of Candidate or Committee		
For the reporting period ending_	3125(04	
Schedu	le A – Direct Contributions (cont	inued)
Initemized Contributions from Political	Parties:	*\$ <u>6</u>
temized Contributions from Political Pa	arties	
Party Name	Address	
		\$
- M		
		\$
otal of Itemized Contributions from Po	litical Parties:	*\$
temized Contributions from Political Ac PAC Name	ction Committees (PAC's) - All contributions for	rom PAC's must be itemized.
FAC Name	Address	\$
		\$
· · · · · · · · · · · · · · · · · · ·		*
		\$ \$
		\$
		\$
		*
		\$
· · · · · · · · · · · · · · · · · · ·		\$
		\$
· · · · · · · · · · · · · · · · · · ·		\$
		\$
		\$
		\$
		\$ \$
		\$
		\$
		\$
		\$

whheliaty D

or the reporting period ending:	5/22/14	
st on this schedule fund-raising events held	le B - Fund-Raising Events Pro to raise money for the candidate and the net p	roceeds derived from each event.
ntributions must be itemized on Schedule A	tribution results in their aggregate being more A.	than \$100 in the calendar year, th
pe or Name of Event		Net Proceeds
	Marie Control	
, , , , , , , , , , , , , , , , , , ,		
tal:	Garage Control of the	
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Valu
Nature of Non-Cash Contribution	Place of Employment	Estimated Valu
	·	
tal:		
tal:	Schedule D - Other Income	
	Schedule D - Other Income est earned or other income which is not a direct	
e this schedule to report any refunds, intere		et contribution. Amount
this schedule to report any refunds, intere		et contribution.
e this schedule to report any refunds, intere		et contribution. Amount
e this schedule to report any refunds, intere		et contribution. Amount
e this schedule to report any refunds, intere		et contribution. Amount
e this schedule to report any refunds, intere		et contribution. Amount
urce of Income		et contribution. Amount

Name of Candidate or Committee:	-1 -		
or the reporting period ending:	5/22/14		
Schedust on this schedule fund-raising events held intributor gives more than \$100 or their contributions must be itemized on Schedule A	tribution results in their aggregate bei	the net proceeds derive	ed from each event the calendar year, t
ype or Name of Event			Net Proceeds
	<u> </u>	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
Cotal:			
eport all non-cash contributions of goods o		et value. If the value e	1
eport all non-cash contributions of goods o	r services and the estimated fair markemployment must be reported.	et value. If the value e	Estimated Val
eport all non-cash contributions of goods on tributor, residence address and place of en	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
eport all non-cash contributions of goods on tributor, residence address and place of en	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
eport all non-cash contributions of goods of contributor, residence address and place of experiments.	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
eport all non-cash contributions of goods of contributor, residence address and place of experiments.	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
eport all non-cash contributions of goods of contributor, residence address and place of experiments.	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
Report all non-cash contributions of goods of contributor, residence address and place of experiences.	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
Report all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
Report all non-cash contributions of goods of contributor, residence address and place of experiences.	r services and the estimated fair marke imployment must be reported. Name, Residence A	et value. If the value e	1
Report all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution	r services and the estimated fair markemployment must be reported. Name, Residence A Place of Employ	ddress & syment	1
eport all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution	Name, Residence A Place of Employ Schedule D - Other Inco	ome	Estimated Val
eport all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution Nature of Non-Cash Contribution Otal:	Name, Residence A Place of Employ Schedule D - Other Inco	ome	Estimated Val
eport all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution Nature of Non-Cash Contribution otal: se this schedule to report any refunds, interport of Income	Name, Residence A Place of Employ Schedule D - Other Inco	ome	Estimated Val
eport all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution Nature of Non-Cash Contribution otal:	Name, Residence A Place of Employ Schedule D - Other Inco	ome	Estimated Val
eport all non-cash contributions of goods of contributor, residence address and place of example of Non-Cash Contribution Nature of Non-Cash Contribution otal: se this schedule to report any refunds, interport of Income	Name, Residence A Place of Employ Schedule D - Other Inco	ome	Estimated Val

Total:

0.58



Name of Candidat	te or Committee:	5) ETEPOL 5/22/04	
For the reporting	period ending:	5/22/04	
		Schedule E – Expenditures	
This schedule is to repo expenses. All other ex	ort all expenditures relati	ng to a candidate's campaign. Line items have been provided All contributions to candidates and committees must be I	l for reporting commonsted individually.
-	enses	Contributions Made to Candidates and Com	
Item	Amount	Name of Candidate or Committee	Amount
Advertising		LEE SCHOENBECK FOL SENATE	200
Consulting		JASON GANT FOR SENATE	200
Postage			
Printing			
Rent			
Salaries			
Telephone			
Travel			·
Utilities		·	·
List other expense	List other expense		· · · · · · · · · · · · · · · · · · ·
items below	amounts below		
		. !	
·			
<u> </u>			
			·
		,	
·			
			<u></u>

Total Expenditures:

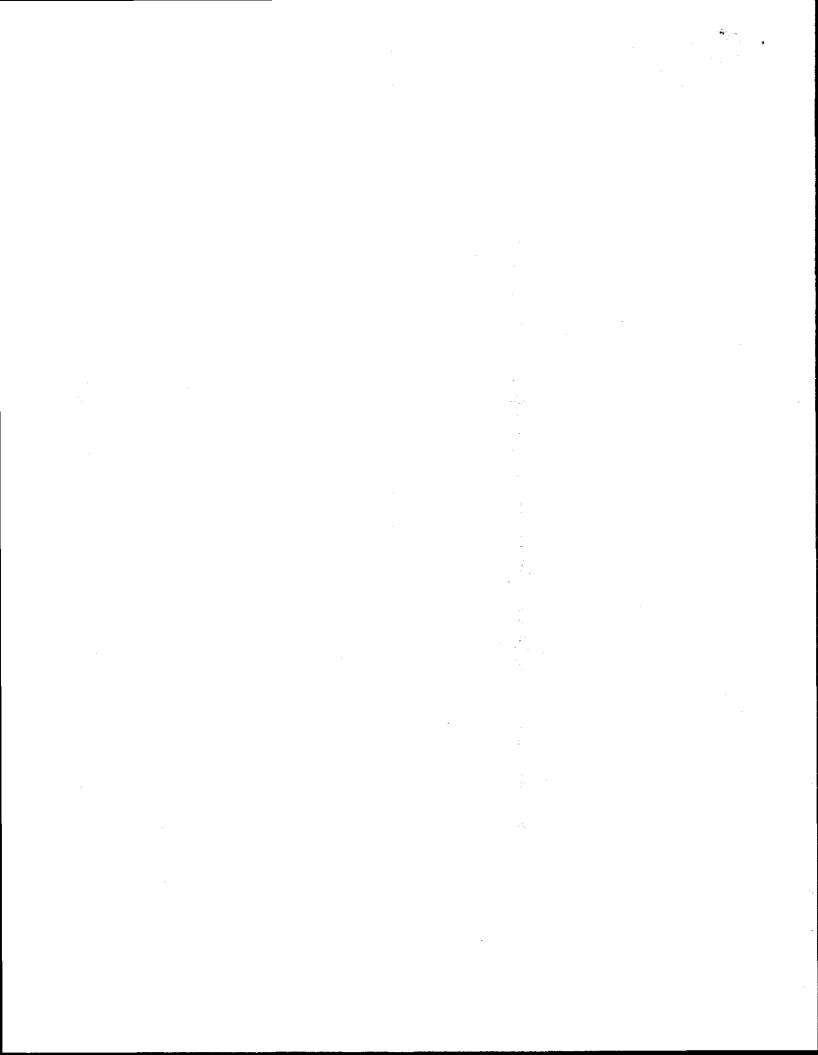
400

For the reporting period en	ding: 5 22 ou	<u> </u>		
This schedule is to report all of the	- SCNEGUIE F -	Debts and Oblig	gauons sid at the end of the repo	orting period. If a
This schedule is to report all of the nas been contracted but not billed,	estimate the amount of the	e obligation.	ind at the one of the rep	orang portoget ar an
				_
Owed to:	Purpose:			Amount
	·			
		·		
·				
	·	· · · · · · · · · · · · · · · · · · ·		
		· .		
<u></u>		<u></u>		
				<u> </u>
		<u> </u>		<u> </u>
		· · · · · · · · · · · · · · · · · · ·		
	7. F			
				:
		and the second		
				<u> </u>
			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	···			
		·		<u> </u>
Total Obligations:		· m.		

4	* YY	OHOTA	•
---	-------------	-------	---

nding: 5/22/04		
Schedule F - D	ehts and Ohligations	
e candidate's campaign obliga	ations which are unpaid at the end of	of the reporting period. If a
, estimate the amount of the o	bligation.	
Purpose:		Amount
<u></u>		
	<u>,</u>	
	<u> </u>	
		
		·
	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·		
		·
	Schedule F - De	Schedule F - Debts and Obligations are candidate's campaign obligations which are unpaid at the end of the estimate the amount of the obligation.

Name of Candidate or Committee: 50 EVERL



Name of Candidate or Committee: SD EVE POL For the reporting period ending: 5/22/04 REVISED		
1.	Amount on hand, if any, at the beginning of the reporting period:	\$ 2988.10
2.	Receipts	
•	Schedule A - Direct Contributions \$ 1200	
	Schedule B - Fund-Raising Events \$	
٠	Schedule C - In Kind Contributions \$	
	Schedule D - Other Income \$ \$	
	Total of all Receipts \$\\\ \begin{align*} al	·
3.	Total Monetary Receipts (A+B+D)	\$ 1200.58
4.	Candidate's Personal Contribution to Own Campaign	\$
5.	Monetary Loans to Candidate or Committee During Reporting Period	\$
6.	Monetary Loans Repaid During Reporting Period	\$ 0
7.	Expenditures - Schedule E	\$ 400
8.	Unpaid Obligations - Schedule F \$	
9.	Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5) - (6+7)	\$ <u>378</u> 8,68

